



Standard Employment Application

The City of Madison is an Equal Opportunity employer. Please request assistance if you have a disability and require reasonable accommodation during the application process. For some accommodations, advance notice may be necessary.

Return Completed, Signed Application to: City of Madison, Alabama Human Resources Department, 100 Hughes Road, Madison, Alabama 35758. All applicable blanks must be complete and accurate. Individuals must apply for each "open" position separately by contacting the Human Resources Department in writing. Individuals who have completed an application before must complete a new application if: 1) it has been over six (6) months since the last application was completed; or 2) they are applying for a different position or a different title. Human Resources Department -- Phone: (256) 772-5656 or (256) 772-5615; Fax: (256) 772-5643.

Please Type or Print in Ink

Position(s) Applied For: _____ **Job Number(s):** _____

General Information:

Full Legal Name			
List Other Names Under Which You Have Worked or Are Known			
Permanent Street Address, <u>MUST INCLUDE City, State, Zip</u>			Phone Number ()
Mailing Address, <u>MUST INCLUDE City, State, Zip</u> (If different from Permanent Street Address Above)			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, can you complete the required State form and provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Are you a citizen or legally admitted to seek work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expected salary
If not a citizen of this country, what type of visa do you hold? [PLEASE ATTACH A COPY FOR HR.]			
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No [PLEASE ATTACH A COPY FOR HR.]			
Do you have a current CDL License (Commercial Driver's License)? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Class _____ [PLEASE ATTACH A COPY FOR HR.]			
Have you ever been employed with the City of Madison before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, what dates?
Are any of your relatives employed with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list name(s) and department(s)
Other Numbers you can be reached at:	()	Location (work, cell phone, etc.)	Best Time to Contact
E-mail address:	()		

Emergency Information:

In case of an emergency, whom should we contact?

Name:	Address:	Phone:
2 nd Optional Name:	Address:	Phone:

Education:

High School	City and State	Highest grade completed?	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach <u>copies</u> of diplomas or GED certificates. If not available, please include <u>contact information</u> for validation (phone numbers and who to contact):			GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of college/trade school Location (city/state)	Major/ Areas of Concentration	Attended		Units/ Credits Completed	Degree Earned	Date Degree Received/ Expected
		From (mo/yr)	To (mo/yr)			

NOTE: If you have a DEGREE, please attach a copy of diploma. If not available, please include contact information for validation (phone numbers and who to contact):

Certifications or licenses attained	Issued by	Location (City/State)	Date Received

List any supplemental training, apprenticeships, additional skills that are job related (include approximate dates). Include any job related training or experience in the military, National Guard or Reserves (and approximate dates).

List any machinery/equipment operated and level of proficiency.

Summarize your computer skills (including software) and level of proficiency.

If applicable, list any LANGUAGES in which you are fluent (and check appropriate boxes for each language):

<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing : _____
<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing : _____
<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing : _____

Employment History:

List employment history for the **PAST SEVEN (7) YEARS**, beginning with the most recent (include military/government service). If more room is necessary, attach additional pages to the application form.

Current Employer Name:	Phone: ()	Street Address	
Your Job Title – Position Full-Time or Part-Time?		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
May we contact your present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number ()	
Reason for leaving			

Next Prior Employer Name:	Phone: ()	Street Address	
Your Job Title - Position Full-Time or Part-Time?		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
Reason for leaving			

Employer Name:	Phone: ()	Street Address	
Your Job Title - Position Full-Time or Part-Time?		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
Reason for leaving			

Background Information:**A. All Public Employee Applicants**

All City employees are required to work closely with co-workers and/or public and have access to public and personal property. Have you pleaded guilty to or been convicted of any crime in the past seven (7) years which was a felony (*i.e.* the crime was punishable by death or imprisonment in excess of one (1) year) or have you pleaded guilty to or been convicted of any misdemeanor involving violence, theft or dishonesty?

(Please note that this question relates only to a criminal conviction, not an arrest.) ☐ Yes ☐ No

A POSITIVE RESPONSE DOES NOT NECESSARILY PRECLUDE DECISION FOR HIRING.
APPLICANTS MAY REQUEST AN INDIVIDUALIZED ASSESSMENT FORM FROM HR.

Please complete the following:

Name:	Date	Court Location (City, County, State)	Nature of offense	Disposition

If any, please explain:

B. Job Specific Applicants

Complete only if position requires emergency response or work with finances/cash, or interaction with minors and/or seniors. Have you ever pleaded guilty to or been convicted of any felony or misdemeanor offenses involving a minor or senior adult or involving drugs or gambling? ☐ Yes ☐ No

A POSITIVE RESPONSE DOES NOT NECESSARILY PRECLUDE DECISION FOR HIRING.
APPLICANTS MAY REQUEST AN INDIVIDUALIZED ASSESSMENT FORM FROM HR.

Please complete the following:

Name:	Date	Court Location (City, County, State)	Nature of offense	Disposition

If any, please explain:

C. Driving Record

Complete only if position requires driving.

List all traffic violations in the past 3 (three) years which resulted in a conviction, fine or a guilty plea. Include the DATE, CITY or COUNTY AND STATE of each violation.

List all at-fault traffic accidents in the past 3 (three) years. Include the DATE, CITY or COUNTY and STATE of each accident.

Professional References:

List WORK-RELATED (Co-Workers, Managers, Contacts, etc.), EDUCATIONAL or PROFESSIONAL references.

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

Optional – List Any Additional Information (Employment, Education)

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

IMPORTANT: The Certification and Release on the following page must be signed by the applicant.

Certification and Authorization to Validate Application

_____(Review and Initial here) All job offers are contingent on furnishing proof of authorization to work in the United States. Safety sensitive position offers are contingent upon successful completion of a drug screen and validation of physical requirements to perform the job, with or without reasonable accommodation.

_____(Review and Initial here) I hereby affirm that the information provided on this application (and accompanying resume (if any) is true and accurate, and I authorize the City of Madison to verify all such information. No facts or circumstances which would affect my suitability for employment have been withheld. I also understand and agree that any false information or any relevant omissions on this application may disqualify me from further consideration for employment and shall be justification for immediate dismissal from employment if discovered at a later date.

_____(Review and Initial here) I understand that no management official has any authority to enter into any agreement or make any oral assurance or promise of continued employment. If hired for a regular position, I fully understand that my employment can be terminated at the City's discretion at any time, with or without cause, during a one year probationary period. If hired for a temporary position, I fully understand that my position may be terminated at any time by either party with or without cause

_____(Review and Initial here) I understand that, if employed by the City, I may be reassigned to any facility, shift, department, position, tasks or duties at the sole discretion of the City.

_____(Review and Initial here) I authorize the City of Madison, or its agents, to conduct a background investigation into my employment, education, and other activities such as criminal background, driving record and/or credit history (if applicable to position). To conduct that investigation, I authorize the city to obtain information to the extent necessary to evaluate my suitability for employment.

_____(Review and Initial here) **WAIVER AND AUTHORIZATION – TO WHOM IT MAY CONCERN:**
I respectfully request and authorize you to furnish the City of Madison any and all information you have concerning me, my work record, my military service records, my credit history, my financial status, my criminal record (if any) and any other information you have regarding me. I understand that your reply will be used to assist the City of Madison and its agents in determining my qualification and fitness for the position I am seeking with the City of Madison. I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Madison in conjunction with employment procedures and/or security matters. In consideration of the review of my employment with the City of Madison, I hereby release the City of Madison, its agents, officials, servants or employees and all persons or entities who supply information pursuant to this authorization from any and all liability or damage which may result from furnishing or using the information requested.

Date

Applicant Signature

PLEASE COMPLETE

Applicant: Please complete the following for proper identification purposes. Print Legibly.

Name: _____
Last First Middle Maiden

Driver's License No. & State: _____ Social Security No.: _____

Residence: _____
Street City State Zip

Other names or Social Security No.'s you have used (if none, write none.) _____

APPLICANT REGISTER FORM

Today's Date: _____

Name: _____

Job Title Applying For: _____

Referral Source:

- _____ Walk in
- _____ Newspaper Ad
- _____ Internet/Website: _____
- _____ Job Hotline for City of Madison
- _____ City of Madison website
- _____ Alabama Career Center/Alabama JobLink
- _____ I am a Friend or Relative of a Current City of Madison Employee
- _____ Local Cable/TV
- _____ Other – List: _____

Please Complete:

Applicant Date of Birth: ____/____/____

Graduation Year from High School or with GED: _____

NOTE: If you should become a Finalist in the Hiring Selection Process, the City of Madison will require your Date of Birth. This information is intended for the sole use of a background investigation process for candidates who become finalists. This form will not be reviewed nor forwarded to the Hiring Decision Manager.

Please check:

_____ Male _____ Female

Please check:

_____ White	_____ Black or African American
_____ Hispanic or Latino	_____ American Indian or Alaskan Native
_____ Asian or Pacific Islander	_____ Two or more races
_____ Other, Please Specify:	_____

MADISON IS AN EQUAL OPPORTUNITY EMPLOYER. THE RACE AND SEX DATA ON THIS FORM IS NEEDED TO COMPLY WITH FEDERAL EEO REQUIREMENTS. ALTHOUGH PROVIDING THIS INFORMATION IS VOLUNTARY, YOUR COOPERATION IS APPRECIATED. PLEASE NOTE THAT THE INFORMATION CONTAINED ON THIS FORM WILL BE SEPARATED FROM THE APPLICATION.

CITY OF MADISON

ACKNOWLEDGEMENT FORM

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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[Execute in Duplicate and Retain One Copy for Personal Record]

The **City of Madison**, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a “consumer report” and an “investigative consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”) which applies to you. As either an applicant for employment or an employee of the City of Madison, you are a “consumer” with rights under the FCRA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment. An “investigative consumer report” is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE DOCUMENT TITLED “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Signature

Printed Name

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



Notice to All Police Department Applicants ONLY

All Police Department **FINALISTS** (as determined later in the hiring process) will also be required to provide an additional list of documents TO THE POLICE DEPARTMENT in a timely manner for background check purposes. All finalists will also be required to complete a Supplemental Police Department Application for background check purposes. The following is a list of additional documents that you will be required to produce if you become a finalist for this position:

1. Recent Photograph (within six months)
2. Birth Certificate
3. High School Diploma
4. GED Certificate
5. High School Transcript (even if you have a GED)
6. College Diploma
7. College Transcript
8. Marriage License (for each marriage)
9. Divorce Decree (for each divorce)
10. Police Standards Certificate
11. DD 214 Form(s)
12. Copy of Drivers License
13. Certificate of Naturalization